Leicester City Clinical Commissioning Group

Summary of Care Quality Commission (CQC) inspections of GP practices April 2018 – February 2019

Summary

1. From April 2018 – February 2019 the CQC have inspected ten general practices. Seven were rated at either outstanding or good while three were rated as requires improvement or inadequate.

2. The CCG has a process in place to support practices that may require improvement and to share learning across all city CCG general practices. This has helped a number of practices make significant improvements where needed.

CQC Inspections

3. CQC now use CQC Insight to monitor potential changes to the quality of care that practices provide. This brings together in one place the information CQC hold about a general practice which they then analyse and compare it against local and national data. CQC update this information throughout the year to make sure their inspectors have the most recently available information about services. CQC then use this information to help plan when and what they inspect and they use this information in inspection reports as evidence to support their judgements about the quality of care.

4. CQC Insight includes a range of information on practice activity and patient experience, including:

    - Quality and Outcomes Framework (NHS Digital)
    - GP Patient Survey (NHS England)
    - NHS Business Services Authority
    - Public Health England.

5. CQC include relevant Insight data in evidence tables, which are published alongside their inspection reports of GP practices.

6. There are five key questions that the CQC asks about services at an inspection visit. These are:

    - Are services safe?
    - Are services effective?
    - Are services caring?
    - Are services responsive to patient needs?
    - Are services well led?

7. In addition the inspectors look at services for six population groups which are:

    - Older people
    - Families, children and young people
    - People with long term conditions
    - Working age people
    - People whose circumstances make them vulnerable
    - People experiencing poor mental health.

8. It is important to recognise that any inspection is undertaken at a point in time with inspectors assessing what they see and hear on the day. Additionally, the CQC has powers under the Health and Social Care Act 2008 to access medical records for the purposes of exercising their functions (which includes checking that registered providers are meeting the requirements of registration).

9. Practices are rated Outstanding, Good, Requires Improvement or Inadequate against each of the five key questions as well as for services provided to each of the population groups. These scores are then aggregated to provide an overall rating for each practice.

10. Before publishing, CQC carry out quality and consistency checks on all reports to ensure that their judgements are consistent. This includes internal quality panels where they discuss and ratify a sample of reports.

11. Although the CQC may also inspect any service at any time, irrespective of rating, they generally use the provider previous rating to determine when next to inspect. The maximum intervals for re-inspecting services depend on the current rating and is as follows:

Previous Overall Rating	Maximum interval between inspection
Inadequate	Six months
Requires Improvement	Twelve Months
Good or Outstanding	Five Years

Leicester City CCG CQC Inspections 2018/19

12. There are 57 Leicester City general practices. From April 2018 – February 2019 CQC have inspected ten general practices. The overall ratings for these are set out below and information around the key questions can be found in appendix A:

Rating	Number of practices
Outstanding	1
Good	6
Requires Improvement	1
Inadequate	2

13. There were three practices which received a rating of inadequate within one or more of the 5 key questions. Whilst the CQC highlighted some positive areas, within all three CQC reports there were issues identified of concern. These are highlighted in the table below.

Are services safe? (3 Practices)	• Safeguarding policy not consistently applied • Clinical waste bins not always secure • System for handling national patient safety alerts not effective medical reviews being carried out without documentary evidence of a review being undertaken • Prescribing of medicines not always effective • Patients requiring monitoring whilst taking high risk medicines not always effective • Out of date drugs • No evidence of require actions taken following maintenance reports eg fire reports, electrical fixed wiring report • Systems and process for managing infection prevention and control not effective • Emergency drugs not securely stored • Patient Group Directives out of date • Cold chain policy not being followed • Unsecure fridges • System to learn and make improvements when things went wrong not always effective.
Are services caring? (1 practice)	• No means of identifying carers • National GP patient survey below local and national averages
Are services responsive? (1 practice)	• National GP patient survey below local and national averages with action taken to address issues
Are services well-led? (3 practices)	• Oversight and governance for the management and performance of practices not always effective. For example in areas of infection prevention and control, cold chain procedure, managing risks, and performance • Lack of oversight of the clinical practice and record keeping of locum doctors • Lack of oversight to ensure all staff had received all essential training • No evidence of action taken in relation to national patient survey • Limited evidence of systems and process to demonstrate continuous quality improvement.

14. In total fifty-six practices have received a CQC inspection during the last five year period. This number represents the latest reports that are available on the CQC

website. The number, which includes any changes to practice locations, is not static and does fluctuate as practices are re-inspected and/or reports are archived on the CQC website. This demonstrates that almost 88% of city practices are rated as either good or outstanding.

Total number of general practices inspected	Outstanding	Good	Requires improvement	Inadequate
56	2	47	5	2
% of General Practices inspected	3.5%	83.9%	8.90%	3.5%

15. All general practices are subject to a level of routine monitoring by the CCG. Assurance is collated via contract reviews, triangulation of known intelligence from Healthwatch enter and view visits, national surveys and data monitoring. Escalation and oversight takes place at the CCG's Risk Sharing group (RSG), which reports to the Primary Care Commissioning Committee.

16. The CCG Risk Sharing Group enables relevant intelligence to be shared between core partner agencies, including CQC and NHS England, and provides a forum in which risk relating to a general practices escalated to the group can be assessed - with remedial actions agreed and monitored where appropriate.

17. The Risk Sharing Group will convene an Oversight Panel in certain circumstances to look at practices of particular concern. This is normally when: a) an event or incident has occurred which is deemed to be of significant and urgent concern; b) a CQC inspection rates the practice as overall inadequate and places them in special measures; or c) where a general practice has received enhanced support over an extended period of time but has either not engaged fully with the improvement process and/or has not demonstrated a significant improvement in quality and performance. An Oversight Panel may only meet once, or it may meet several times depending on the issues for the practice and the overall level of risk.

18. All three practices to have received inadequate of requires improvement CQC ratings have received individual support by various members of staff across the CCG, with this support being co-ordinated and monitored by the Risk Sharing group. This has included dedicated technical and functional support from the CCG's nursing and quality, medicines management, governance, and communications and engagement teams. The aim is to provide broad expertise to identify and address challenges.

19. On occasion, the CCG has organised independent / third party support for general practices, such as that offered by Royal College of General Practitioners. These decisions are made on case by case basis and done with the agreement of the general practice concerned. This support can include a diagnostic review to offer root

cause analysis and in-depth expertise, targeted support to improve overall performance and identify any blockers to progress, and ensure that changes are fully embedded.

20. To date one practice has received third party support during the reporting period.

Shared learning

21. It is important that any learning is shared with all general practices and both the RSG and Primary Care Commissioning Group are cognisant of this. Wider learning is facilitated by a variety of ways including GP Newsletters, e-mail, Protected Learning Time, Health Need Neighbourhood meetings and role specific meetings such as Practice Managers or Practice Nurse. Examples of shared learning as a result of CQC inspections during 2018/19 have included:

    - Increasing awareness around alert notices
    - Provision of training around infection prevention and control
    - Increasing awareness of the cold chain policy
    - Links to all updates from Nigel sparrow surgery in the monthly general practice newsletter https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-full-list-tips-mythbusters-latest-update
    - Introduced more stringent process around inviting general practice partners into the CCG to explain and provide assurance of significant issues and concerns identified.

22. In addition, the CCG is currently working with the Local Medical Committee (LMC) and the city's GP federations to identify opportunities for collaborative working on providing increased proactive support for practices in preparing for CQC inspections. The CCG is also shortly meeting with the CQC to discuss the current inspection regime and any planned future changes, so that city practices can be informed and supported through this process.

Conclusion

23. Whilst it is it is disappointing that any practices have received a CQC report which has rated them as inadequate, the majority of practices have received a rating of good and the CCG continue to support development and improvement in general practice.

24. The CCG has aims to support practices to aim higher and achieve more, adopting a supportive and facilitative approach. However we recognise that there is always much work to be done to improve the overall quality of primary care services in the city.

Appendix A

General Practice CQC inspection Outcome April 2018 – February 2019

	Practice	Date	Overall	Safe Services	Effective Services	Caring Services	Responsive Services	Well-Led Services
C82063	East Leicester Medical Practice	24/04/2018	Good	Good	Good	Good	Good	Good
C82623	Heatherbrook Surgery	26/04/2018	Good	Good	Good	Good	Good	Good
C82114	Dr UK Roy	08/08/2018	Good	Good	Good	Good	Good	Good
C82088	Evington Medical Centre	15/01/2019	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate
C82046	Saffron Health	08/01/2019	Requires Improvement	Inadequate	Requires Improvement	Good	Good	Requires Improvement
C82092	Aylestone Health Centre (LMG)	25/07/2018	Good	Good	Good	Good	Good	Good
Y00344	Leicester City Assist Practice	10/05/2018	Outstanding	Good	Good	Outstanding	Outstanding	Good
C82080	Shefa Medical	22/10/2018	Good	Good	Good	Good	Good	Good
Y02686	Bowling Green Street Surgery	01/02/2019	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate
C82662	Walnut Street Surgery	02/02/2019	Good	Good	Good	Good	Good	Good